

Chapter: Management and Administrative Services (MA)

Section 1: Management and Administrative Services

Policy

The Utah State Hospital employs all available staff, technology, and supporting resources from within the organization, as well as from the multiple state management services, to ensure that it is managed efficiently and that those individuals charged to its care receive the most effective and safe treatment possible.

Procedure

1. The Director of Human Services with the advice and consent of the Director of the Division of Substance Abuse and Mental Health and Board of Mental Health appoints a Superintendent, who holds office at the will of the Director of the Division of Substance Abuse and Mental Health
 - 1.1. "The Superintendent shall have a bachelor's degree from an accredited university or college, be experienced in administration, and be knowledgeable in matters concerning mental health."
 - 1.2. The Superintendent has general responsibility for the buildings, grounds, and property of the Utah State Hospital. The Superintendent recommends appointment to the Director of the Division of Substance Abuse and Mental Health and Director of the Department of Human Services, as many employees as necessary for the efficient and economical care and management of the Utah State Hospital and fixes their compensation and administers personnel functions according to the standards of the Department of Human Resource Management.
 2. The Superintendent, with the approval of the Director of the Division of Substance Abuse and Mental Health, appoints a Clinical Director for the hospital in accordance with Utah Code Annotated, Section 62A-15-614.
 - 2.1. The Hospital Clinical Director has at least three years' training in a psychiatric residency program approved by the American Board of Psychiatry and Neurology, Inc., and is eligible for certification by that board.
 3. To insure consistency of management and policy compliance across all hospital units and services, the Superintendent delegates responsibility for hospital operational units to members of his/her administrative staff. All services are thus monitored to insure compliance with federal and state regulations, as well as those developed specifically for the hospital by its governing body.
 - 3.1. Operational policies and procedures governing personnel, fiscal accounting, purchasing, records, and life safety are provided by the State of Utah and the U.S. Government. In addition, guidelines for hospital management are provided by Utah Psychiatric Rules and
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Regulations and the Code of Federal Regulations. These and other specific policies and regulations are monitored for compliance through committee and/or individual assignment.

- 3.2. The Utah State Hospital Operational Policy and Procedure (USHOPP) Manual is written to provide direction to hospital staff as to the policies approved by the governing body for specific hospital management. This manual also contains responses to the standards as outlined by the Joint Commission on Accreditation of Health care Organizations.
- 3.3. Assigned hospital staff review USHOPP chapters/sections and revise as needed.
- 3.4. Any identified discrepancy or deviation from federal, state, or hospital policy, procedure, or regulation is referred to the member of the Executive Staff assigned to administer the service in question. He/she is responsible to review the problem, develop resolution, or refer to the appropriate hospital committee for further investigation.
4. The hospital is organized so as to provide clear lines of authority and accountability from the Governing Body through the Superintendent to all treatment, service, and support units.
 - 4.1. In the absence of the Superintendent, Executive Staff members have the necessary authority to manage the duties and responsibilities of their assigned services. The Hospital Clinical Director, Assistant Clinical Director, and/or the Assistant Superintendent is designated to represent the Superintendent as required and to assume final decision-making authority for the hospital.
 - 4.1.1. During evenings, nights, and weekends an administrator on call is available to coordinate with the treatment units and services in the event of an emergency. The administrator on call is delegated authority to resolve any administrative, facility, or public-information issue that may occur.
 - 4.1.2. The Administrator on Duty contacts the Division of Substance Abuse and Mental Health and/or Department of Human Services leadership in the event of a patient death or other items of significance to state government.
 - 4.2. The hospital units, departments, and services are grouped into organizational units, according to similarities in function and mission, under the administrative authority of members of the Executive Staff.
 - 4.3. Each member of the Executive Staff is responsible for holding regular meetings with his/her key management staff for the purpose of communicating information and receiving feedback as to problems, needs, and concerns.
 - 4.3.1. To further enhance communication between administration, staff, and patients, suggestion/grievance forms are placed on each treatment unit and throughout the hospital. Individually initiated ideas and complaints are placed into the locked boxes and are gathered at least weekly by the quality assurance staff and/or patient advocates. The Suggestion Committee meets weekly to read each statement and determine the appropriate response or referral for the issue. A summary is provided to the Superintendent at the PI Council Meeting, and all pertinent issues are incorporated into the agenda of the Governing Body.
 - 4.3.2. Additional methods used to enhance communication throughout the hospital include the quarterly employee newsletter, memos, morning report meeting, hospital wide e-mail, the distribution of committee meeting minutes to the

appropriate unit and department directors, and verbal communication from leaders to employees.

- 4.3.3. Statistical data is provided to the Executive Staff. Data is reviewed and evaluated by the Executive Staff for use in its ongoing quality management decision making.
 - 4.4. A system of multiple controls is employed to insure the quality of financial, facility, program, and human-resource management. As part of Utah State Government, the hospital is required to comply with federal and state operations guidelines. In addition, the hospital provides a 24-hour security service which is in direct communication with the Provo City Police and Fire Department. Life Safety surveys are conducted monthly in each unit of the hospital, and the Environment of Care Committee monitors overall physical, facility, and staff safety.
 - 4.5. The financial reporting systems of the hospital are directed by the State Department of Finance, which also provides reports to the hospital as to revenues and expenditures. The hospital generates monthly reports on personnel expenditures, FTE count, and current expense budgets which are provided to hospital management and governing body to assist in monitoring these activities.
 - 4.6. Inventory and purchasing procedures are directed by the State Department of Finance and by the Utah Code Annotated.
 - 4.7. The Governing Body agenda includes reports from the Quality Resource Office, Risk Management, Business Office and the Human Resource Office. These reports provide specific information as to hospital compliance with QI goals, patient management and treatment problems and resolutions, statistical data, and a comprehensive analysis of revenues and expenditures. The Governing Body uses this information to set direction for hospital management, establish short and long term goals, and develop hospital policy.
 - 4.8. The hospital's written mission states: USH provides excellent care in a safe and respectful environment to promote hope and quality of life for individuals with mental illness.
 - 4.9. The hospital provides a patient advocate that is available to forward patient concerns/issues to the appropriate person/agency for response.
 - 4.10. The rights of the patients are further protected by a contract between the hospital and a private law firm whose representative visits the hospital weekly. He/she interviews any patient who has requested legal counsel through the Patient Advocate and may provide specific services to that person.
 - 4.11. The hospital also cooperates with the Disability Law Center which has been awarded the federal charter to provide protection and advocacy for the mentally-ill and which monitors the rights of mentally-ill individuals within the state's institutions.
 5. The State of Utah Department of Human Resource Management by legal statute has responsibility for policies and procedures governing employment practices, personnel records, licensing requirements, and performance management. In addition the hospital has developed policies specific to its operation and philosophy of human resource management including orientation, training, and employee health.
 6. As a state funded public agency, the Utah State Hospital is responsible to the Utah State Division of Finance for compliance to its comprehensive financial and audit regulations. These regulations
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are found in the Utah State Accounting Policies and Procedures Manual which is maintained by the Business Manager.

6.1. Annually, hospital managers and administrators are given opportunity to provide input into the formulation of the hospital budget by reflecting operational needs of their service unit. This information, coupled with the previous year's data as to spending patterns, is incorporated into a single budget proposal containing the elements of personnel, current expense, capital, and travel. The proposal is reviewed by the administrative staff and presented by the Superintendent to the Governing Body. The budget proposal is further scrutinized by the Executive Director of the Department of Human Services, who develops a department-wide budget for submittal to the Governor's Budget Office. The Governor's State Operations budget is prepared and presented to the State Legislature each January at the beginning of the annual legislative session.

7. The Superintendent, Executive Staff, and other management staff provide support for the following activities:

7.1. Active and appropriate medical staff involvement in the identification of general areas of potential risk in the clinical aspects of patient care and safety, the development of criteria for identifying specific cases of potential risk in the clinical aspects of patient care and safety and evaluation of these cases, the correction of problems in the clinical aspects of patient care and safety identified by risk management, and the design of programs to reduce risk in the clinical aspects of patient care and safety.

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Section 2: Official Communication

Policy

The Utah State Hospital provides procedures for employees to appropriately communicate with outside agencies / persons.

Definitions

Official Communication means a verbal and/or written communication which is intended to represent the opinion / position of the Utah State Hospital.

News Media means the newspaper, television, radio, social media, and any other means of public information access.

Outside Agencies means other governmental entities including the Governor's Office, Department of Human Services, Division of Substance Abuse and Mental Health, Attorney General's Office, Department of Health, Local Mental Health Authorities (LMHAs), or hospitals, and other agencies outside of the Utah State Hospital.

Procedure

1. Official Communication. Any employee who is communicating with an outside agency, in which their communication may be interpreted to represent a position/opinion of the hospital, must have that communication reviewed by the hospital administration.
 - 1.1. Employees may not represent personal opinions as those of the hospital.
 - 1.2. The Hospital Superintendent / designee may direct an employee to represent the position of the hospital through assignment.
 2. Communication with Department, Division and Attorney General's Office.
 - 2.1. Any employee who has need to communicate hospital business with the Executive Director of the Department of Human Services, the Director of the Division of Substance Abuse and Mental Health, and / or the Attorney General's Office or any of their personnel must first have prior approval from the Hospital Superintendent / designee. Subsequent interactions regarding same business is not required to do so.
 - 2.2. This includes notification of courts regarding hospital business.
 3. News Media.
 - 3.1. Employees may not contact the news media and make any statement that might be interpreted as the position of the hospital without obtaining prior approval from the Hospital Superintendent / designee.
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- 3.2. Media contacts are referred to Hospital Superintendent / designee, Division of Substance Abuse and Mental Health Public Information Officer, or Department of Human Services Public Information Officer.
- 4. Attorneys: Attorneys are referred to the Legal Services Office or the Hospital Superintendent / designee when they are contacting hospital employees to obtain information.
 - 4.1. The Legal Services Office and/or Superintendent will facilitate their requests to the appropriate personnel.
 - 4.2. Forensic Psychiatrists are authorized to talk with attorneys who are party to the legal action under which their patients are admitted.
- 5. Derogatory Statements. Utah State Hospital employees, when acting in their official capacities, may not make derogatory or demeaning statements, verbal and/or written reports regarding another agency.
 - 5.1. All official communication is done in a professional manner which ensures the dignity and confidence of the public.
- 6. Hospital Issues. All communications regarding hospital issues are presented to hospital administration / authorities for resolution.
 - 6.1. If an appropriate resolution cannot be achieved through the Hospital Superintendent / designee, the employee presenting the issue may forward the issue to the Division of Substance Abuse and Mental Health and/or Department of Human Services.
- 7. Hospital Logo: Employees may not use the hospital logo for any purpose unless they receive authorization from the Hospital Superintendent.
- 8. This policy does not prohibit an employee from participating in whistleblower activities or reporting unlawful harassment.

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